

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **35965**  
Registrar's No. **153**

FILED NOV 6 1941  
Registration District No. **273**

Primary Registration District No. **60184**

1. PLACE OF DEATH:

(a) County **St. Francois**  
(b) City or town **St. Francois**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**State Hospital No. 4**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **7 days**  
(Specify whether  
In this community  
years, months or days)

3. (a) PRINT FULL NAME **FRED SCHMIDT**

3. (b) If veteran, name war **Unknown** 3. (c) Social Security No. **None**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**  
6. (b) Name of husband or wife **Unknown** 6. (c) Age of husband or wife if alive **Unknown** years

7. Birth date of deceased **July 5th 1886**  
(Month) (Day) (Year)  
8. AGE: Years Months Days If less than one day  
**55 3 18** hr. min.

9. Birthplace **Kimmswick Missouri**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business

12. Name **Frederick Henry Schmidt**

13. Birthplace **Bunker Hill Illinois**  
(City, town, or county) (State or foreign country)

14. Maiden name **Mary Wedde**

15. Birthplace **Kimmswick Missouri**  
(City, town, or county) (State or foreign country)

16. (a) Informant **State Hospital No. 4 Records**

(b) Address **Farmington, Missouri**

17. (a) **Burial** (b) Date thereof **10-26-41**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Burgess Cemetery**

18. (a) Signature of funeral director **A. W. Heiligtag**

(b) Address **Imperial, Mo.**

19. (a) **Oct 30-41** (b) **T. J. Robinson**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **94**  
(c) City or town **Kimmswick**  
(If outside city or town limits, write "RURAL") **6**  
(d) Street No. **8**  
(If rural, give location)  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country **0**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct.** day **23rd**  
year **1941** hour **5:30** minute **P.M.**

21. I hereby certify that I attended the deceased from **10-16-41**  
to **10-23-41**  
that I last saw him alive on **10-23-41**  
and that death occurred on the date and hour stated above.

Immediate cause of death  
**Lobar pneumonia, right**  
**lower & middle lobes**  
Due to **Maries Degrosses (Pneumonia)**  
**Maries Lye (Psychotic, Polymia)**  
Due to **3 months?**

Other conditions  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations **No operation**

Of autopsy **no autopsy - denied**

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)  
(b) Date of occurrence  
(c) Where did injury occur?  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (x) Means of injury **0**

23. Signature **C. C. C. C.** (M.D. or other) **M.D.**

Address **Farmington** Date signed **10/27/41**

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

NOV 6 1944

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by

....., Registered Apprentice No. ....

working under my personal supervision.

Signed

*Arthur W. Heiligtag*

Licensed Embalmer No. *3872*

P. O. Address.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**